

**Request for Personal Ministry**

**CONFIDENTIAL**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Why have you made the choice to come for Personal ministry at this time?  
\_\_\_\_\_  
\_\_\_\_\_

What areas were covered at your Healing Retreat or previous ministry appointment(s)  
\_\_\_\_\_  
\_\_\_\_\_

What difference has the above ministry made in your life?  
\_\_\_\_\_  
\_\_\_\_\_

What would you like Jesus to do for you at this time?  
\_\_\_\_\_  
\_\_\_\_\_

Describe the difficulties you are experiencing at this time:  
\_\_\_\_\_  
\_\_\_\_\_

Our ministry appointments are usually around 2 to 3 hours. Please note below what days and times you are available. We generally minister Monday to Friday during office hours. Evening appointments are limited.  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this completed form to:*

**Ellel Ministries Canada  
10-5918 5 St SE  
Calgary, AB T2H 1L4**

**OR Fax toll free to: 1-(866) 246-5918  
Email: [info.calgary@ellelministries.org](mailto:info.calgary@ellelministries.org)**